

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 07/15/03.

I. DISPUTE

Whether there should be reimbursement for out of pocket expenses for a recumbent bicycle, prescription medications, mileage, reproduction of documents and long distance phone calls.

II. FINDINGS

- TWCC Rule 133.307 (d)(1) states “A request for medical dispute resolution on a carrier denial or reduction of a medical bill pursuant to §133.304 of this title (relating to Medical Payments and Denials) or an employee reimbursement request shall be considered timely if it is filed with the division no later than one (1) year after the date(s) of service in dispute”. Based on this rule, date of service 01/22/02 is considered untimely and not eligible for review.
- Mileage reimbursement is handled in the local field office, per TWCC rule 134.6 (d).
- Reproduction of documents and long distance phone calls were not listed on the TWCC 60 table of disputed service as required by Rule 133.305 (e)(2)(C) and these items are not “healthcare” that falls under the jurisdiction of Medical Dispute Resolution per Rule 133.305 (a)(2)(B).

III. RATIONALE

- Reimbursement for a recumbent bicycle purchased by the injured worker on 12/26/02 in the amount of \$215.74. Neither party submitted an EOB for the item in dispute. Convincing evidence of carrier receipt of the provider request for an EOB, was submitted per Rule 133.307 (f)(3). The requestor provided medical documentation, which include a letter of medical necessity and a prescription from her treating doctor for the recumbent bicycle. Reimbursement in the amount of \$215.74 is recommended.
- Reimbursement for prescription medications Kadian and Lexapro purchased by the injured worker on 10/30/02, 11/13/02, 11/21/02, 12/13/02, 01/21/03, 02/12/03, 02/22/03, 03/11/03 and 12/26/03 in the amount of \$1,029.61. Neither party submitted an EOB for the item in dispute. Convincing evidence of carrier receipt of the provider request for an EOB, was submitted per Rule 133.307 (f)(3). The requestor did not provide a letter of medical necessity or prescription from her treating doctor for the medications in dispute as required by Rule 133.307(g)(3)(B). Reimbursement is not recommended.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT code(s) in the amount of **\$215.74**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$215.74** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 30th day of January 2004.

Laura L. Campbell
Medical Dispute Resolution Officer
Medical Review Division

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